

THE COUNTY OF MILWAUKEE

NOTICE OF SUSPENSION

(Originating Department, Commission, Board, or Institution)

(Date of issuance)

(Name of Suspended Employee)

(Ceridian ID)

To: MILWAUKEE COUNTY CIVIL SERVICE COMMISSION
DEPARTMENT OF HUMAN RESOURCES

Courthouse Room 212-E
Courthouse Room 210

You are hereby notified that _____
(Name of Suspended Employee)

(Ceridian ID)

employed in the position of _____ in the _____
(Title of Position) (division, Department, Commission, or Board)

_____ has been suspended for _____ day(s), to take effect on _____.
(Org. Unit Number)

Recommended by _____
(Name and Title of Superior Officer)

THE REASON FOR SUSPENSION: (Cite section(s) of the Civil Service Rule violated **and** some specificity of act or omission such as date(s), location, and description.)

This Action has been taken in accordance with State Statutes and the Civil Service Act and Rules.

Was this employee previously suspended within the past six months: ☐ Yes ☐ No
(the six month calculation is from the date of issuance)

If yes, complete the following:

1. The most recent suspension was issued on what date? _____

2. Is suspended employee represented by a bargaining unit? ☐ Yes ☐ No

(Signature of Appointing Authority)

(Title of Appointing Authority)